CANDIDATE'S ELECTION DAY EXPENDITURES REPORT

(to be filed by a candidate or his principal compaign committee)

This report is required to be filled by all candidates who are required to file campaign finance disclosure reports, even if no election day the al ta

| Hand deliver or mall to: CAMPAIGN F | INANCE, 8401 United Plaza Blvd., 8 | Solte 200, Bat | on Rouge, LA 708 | 09-7017 |
|---|--|---|--|---|
| 1.Qualifying Name and Address of Candidate Cedric Richmond 4809 Eastview Dr. IV.O. LA 70126 | 2. Office Sought (Include this of office us well as parish, city, town under election district.) State Representative District 101 | Enc.P HJa | OFFICE USE ONL | 997942 |
| Name and address of principal campaign committee (Applicable only if candidate has a principal campa | ign cammittee) | | \$55 KC9 - 5 R. | ETAL STATE |
| 4. Date of Election / 1 + D b P 2 Primary General | (Chack one) | | [] (3 | 0.000 000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0. |
| 5. Total Expenditures by Category a. Television Advertising (Schedule b. Radio Advertising (Schedule A) c. Newspaper Advertising (Schedul d. Servicus of Election Day Worken e. Payments to Organizations for El For any category in which no election day expenditures from this report. | e A) a (Schedule B) action Day Activities/Services (Schedule C) | 5. Any schedules | # 2,250 | OD OD OD OD Od Od Od Od Od Od Od Od Od Od Od Od Od |
| b. Daytime Telephone 504-34 WE HEREBY CERTIFY that the information contains and that no election day expenditures have been made Furance Disclosure Act has be deficeretely crafted. | ned in this report and the alteched achedules is true | eand correct to the f | best of our knowledge, in k disc be reported by the b | ormation and being |
| Signifility of Carelidate/Chaliperson (To be report by principal compaign committee | Expried by Chairperson only # Da | <u>504-83</u> yume Telephone N 504-24 | 48 - 994 <u>2</u> Nimber 2 - 3642 | _ |

SCHEDULE B: ELECTION DAY WORKERS The following information must be provided for each individual to whom an expenditure was made for services performed on election day. Also, the information must be provided for each individual performing services on election day to whom a monetary expenditure was made by an organization to which a payment was made by the candidate completing this report. Such an organization is required by law to furnish this information to the candidate completing this report. 4. Organization Making 2. Social Security 3. Amount Paid 1. Name and Address of Recipient Payment (If applicable) Number Randon Robinson 1870 N. Miro St. 14.0. LA 70119 50.00 436-51-0551 Charles Allen 223 Mamus St. 437-33-1600 50.00 N.O. LA 70 114 Dennison Hebert 4864 Annunciation N.D. LA 70115 435-15-0311 50.00

435-57-6939

435-43-8013

435-45-1159

Le Run Sly

3821 Annunciation St. IV.O. LA 70115

Jason Walker 3935 Tohoupitoules St.

Jacobia Grimes 4634 Willow St. N.O. LA 70115

Isaac Bailey 2763 Sage St.

Glen Demourelle 5431 N. Prieur St. N.O. LA 70117

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438-45-6132 50.00

50.00

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50.00

434-78-3662 50.00

400,00

| B: ELECTION DAY V | VORKERS | | | | |
|--|---|--|--|--|--|
| The following information must be provided for each individual to whom an expenditure was made for services performed or election day. Also, the information must be provided for each individual performing services on election day to whom a monetary expenditure was made by an organization to which a payment was made by the candidate completing this report. Such an organization is required by law to furnish this information to the candidate completing this report. | | | | | |
| 2. Social Security Number | 3. Amount Paid | 4. Organization Making Payment (if applicable) | | | |
| 425-19-4215 | 5000 | | | | |
| 437-59-9739 | 50.00 | : | | | |
| 436-66-7177 | 50.50 | | | | |
| 437-11-9245 | 50.60 | | | | |
| ֡ | ach individual to whom an exped for each individual performich a payment was made by to mation to the candidate comp 2. Social Security Number 437-19-4215 437-39-9739 | ed for each individual performing services on electich a payment was made by the candidate compination to the candidate completing this report. 2. Social Security Number 3. Amount Paid 435-19-4215 50.00 436-66-7777 50.00 | | | |

| ð | N.D. LA JOHE | 437-59-9739 | 50.00 | |
|----|--|--------------|-------|--|
| - | Angus Edenfield 4429 Majeste Caks N.O. LA 70126 | 436-66-7177 | 50.50 | |
| 32 | Patricia Williams 4729 Ray Ave. N.O. LA 70126 | 437-11-9245 | 50.00 | |
| ĸ | Tamyra Watts 6692 Chef Menteur Huy N.D. LA 70126 | 433-41-2763 | 50.00 | |
| | Brian Bethley 2429 First Street N.O. LA 70118 | 438-15-5.3ay | 50.00 | |
| 1 | Sherman Butler | | | |

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|--|-------------|-------|--------|
| Lyndsey Gionzalez 422 High way Dr. Jefferson, LA 7012/ | 433-53-5304 | 50.60 | |
| Sherman Butler 4729 Ray Ame. N.D. LA 70126 | 578-84-1402 | 50.DD | |
| Brian Bethley 2429 First Street N.O. LA 70118 | 438-15-53ay | 50.00 | |
| Tamyra Watts 6692 Chef Menteur Ituy N.D. LA 70126 | 433-41-2763 | 50.00 | |
| Patricia Williams 4729 Ray Ave. N.O. LA 70126 | 437-11-9245 | 50.00 | |
| N.O. LA TOTAL | 436-66-7177 | 50.50 | |

SCHEDULE B: ELECTION DAY WORKERS

The following information must be provided for each individual to whom an expenditure was made for services performed on election day. Also, the information must be provided for each individual performing services on election day to whom a monetary

| Number | 3. Amount Paid | 4. Organization Making Payment (if applicable) | |
|------------------|--|--|--|
| 439-21-2884 | 50.00 | | |
| 436-08-9523 | 57.0d | 33345 | |
| 438-428069 | | | |
| 436-19-5107 50.0 | 55.00 | 970 | |
| 450-65-8764 | Sp,00 | | |
| 457-89-7696 | 50.00 | | |
| 437-29-8173 | 50.00 | | |
| 433-86-3267 | 39,50 | W X | |
| | 432-08-9523 438-47-8069 432-19-5107 450-65-8764 457-89-7696 437-29-8173 | 431-08-9523 SD.00 438-428069 SD.00 431-19-5107 SD.00 450-65-8764 SD.00 457-89-7696 50.00 | |

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SCHEDULE B: ELECTION DAY WORKERS

| ganization is required by law to furnish this information. Name and Address of Recipient | 2. Social Security Number | 3. Amount Paid | Organization Making Peyment (if applicable) |
|---|------------------------------|----------------|--|
| No. LA 70117 | 434-70-7498 | 50.D | |
| Charles Reed 3603 Pleasure St. #C N.O. LA 70117 | 438-36-0604 | 50.00 | * <u></u> |
| Glen Williams 3603 Pleasure St. # C N.O. LA 10/26 | 436-98.0085 | 50.00 | |
| Meltinkia Wesco 1440 N. Johnson St. N.O. LA 70114 | 425-33-8370 | 50.00 | |
| Deonti Brown 2536 Congress St. N.O. LA 70126 | 439-47-8399 | S 6,00 | 9993 |
| Kenneth Smith 8941 Mornison Rd. N.D. LA 70127 | 439-21-8246 | 50.00 | |
| Russell Every 2819 First st. N.O. LA 7013 | 437-19-5739 | 50.B | |
| Jermaine Wright 4437 Skyview Dr. N.D. LA Joseph | 439-59-9063 | 50.00 | |

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| SCHEDULE B: ELECTION DAY WORKERS | | | |
|--|---|---|---|
| The following information must be provided for each ejection day. Also, the information must be provided expenditure was made by an organization to which organization is required by law to furnish this information. | for each individual perform! a payment was made by t | ing services on electic the candidate comple | n day to whom a monetary |
| 1. Name and Address of Recipient | 2. Social Security Number | 3. Amount Paid | 4. Organization Making Payment (if applicable) |
| David Williams 1415 Desine St. N.O. LA 70117 | 438-62-4209 | 50.00 | |
| Robert Le Blanc 5438 Eads St. NOLA | 434-B-6252 | 50.00 | |
| Carol B. Wharton 2507 Piety St. N.D. LA 70117 | 436-66-9394 | 50.Dd | T-Score H |
| Dannyl Lee 8036 Gius St. N.D. LA 70/18 | | 50.00 | |
| Jessica Scott Jerrance 6252 August Ave. Marnero, LA 70072 | 434-23-5109 | 50,00 | |
| Lisa Thornton 4542 America St. N.D. LA 70126 | Mi . | 150.00 | |
| Robin Le Blanc St. 1917 Toledand St. N.O. LA | 437-45- 9558 | 50.00 | |
| Laketha Hart 7433 Prytania St. NOLA 70118 | 436-27-3506 | 50.00 | |
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SCHEDULE B: ELECTION DAY WORKERS ust be provided for each individual to whom an expenditure was m

The following information must be provided for each individual to whom an expenditure was made for services performed on election day. Also, the information must be provided for each individual performing services on election day to whom a monetary expenditure was made by an organization to which a payment was made by the candidate completing this report. Such an organization is required by law to furnish this information to the candidate completing this report.

1. Name and Address of Recipient

2. Social Security
Number

3. Amount Paid
Payment (if applicable)

| 2. Social Security Number | 3. Amount Peld | Organization Making Payment (if applicable) |
|------------------------------|------------------|---|
| 439-59 - 5835 | 50.00 | TO 360 DESCEN |
| 439-45 - 6 429 | 50.00 | 9.30 |
| | 5D,50 | V. |
| | | |
| | | |
| | | |
| | | |
| 30.00 | | |
| | 439-59 - 5835 | 439-59 50.00 58.35 50.00 439-45 50.00 6 429 50.00 |

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